REQUISITION -PURCHASE ORDER

P.O. No. _____
P.O. No. must be on invoice

Tax Number 38162

Date _____

To _____

Deliver To _____

Address _____

Street _____

City _____ State ___ Zip ☐☐☐☐☐ ☐☐☐☐

Jasper. AL 35501

NOTICE TO VENDOR: This is not a valid purchase order until it has been approved by the superintendent or designee.

BILL TO: Jasper City Board of Education
Post Office Box 500
Jasper, Alabama 35502-0500
Phone (205) 384-6880 - Fax (205) 387-5213

Account Number to be Charged	Qty	Catalog No.	Item	Unit Cost	Extension
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
				Total	$ 0.00

Requested By:

_____
First and Last Name

DO NOT BACKORDER

Approved: ☐ Not Approved: ☐

_____
SUPERINTENDENT/CSFO SIGNATURE

_____
PRINCIPAL SIGNATURE

_____
SCHOOL NAME

_____
EMPLOYEE SIGNATURE

White Copy - To Vendor
Pink Copy - Sign and return to Central Office for Authorization of Payment
Yellow Copy - Principal's File
Goldenrod Copy - Central Office